Reviewer's report

Title: "I need somebody who knows about feet" a qualitative study investigating the lived experiences of conservative treatment for patients with Posterior Tibial Tendon Dysfunction.

Version: 0 Date: 06 Jun 2019

Reviewer: Ryan Causby

Reviewer's report:

JFAR review June 2019

Thankyou for the chance to review this paper. This paper undertakes a qualitative look at the experience of living with PTTD, through the eyes of 5 participants.

Overall comments:

I compliment the authors on considering the all-too important human element of the conditions we see as clinicians. However, I have concerns about the generalisability of the findings of this paper with only five participants. Furthermore, I feel that there is insufficient information about the recruitment and interview process to ensure that this is not a biased cohort, thereby skewing the findings. In particular, some of the use of language seem very biased to podiatry as a profession over others rather than a focus on the interventions experienced. I feel that many of the interventions (conservative) may be interchangeable between professions and are not reflective of a profession as a whole. I would consider changing the focus more appropriately to aspects of treatment burden etc. of particular interventions.

Abstract:

The background could be written more succinctly, providing information focussed more specifically on the study undertaken.

Inline with journal recommendations, abbreviations should be minimised in the abstract

Background/Introduction:

Headings could be consistent with the abstract and with journal recommendations - change to 'Background'

The background seems to focus a lot on the lack of clear guidelines, poor diagnosis and referral (with associated evidence) relating to PTTD, but does not clearly outline how this paper will
address these shortcomings (or if it does). The conclusions of this paper seemingly confirm what we already know. It may be better to more clearly iterate in a bit more detail how this paper addresses gaps in our literature and adds a different perspective, rather than getting lost in some of the detail. I.e. Line 115 to 121, It is not clear how the classification system, lack of validation and reliability, etc. ties in to the lived-experience of the patient and probably provides too much extraneous detail. I feel it would also benefit from more information about the lived experience (even just anecdotal) of patients and more information about Qualitative research theory.

The flow of ideas seem to go from diagnosis to management and then back to diagnosis, maybe restructure this?

Page 5, Line 94 - Should be 'affect' not 'effect'

Page 5, Line 99/102 etc. - inconsistent spacing between last word and references. This continues throughout the paper.

Page 5, Line 99-101 - This sentence needs revising… it outlines the main focus of the sentence is "a spectrum of interventions", but then lists detection, diagnosis and assessment…which are not interventions.

Page 5, Line 101 - MSK, unnecessary to have two abbreviations ultimately representing the same terms i.e. MsCs and MSK. This could be better represented using one abbreviation and using the full word conditions where necessary.

Page 5, Line 103 - '…to help people stay at, or return to..'

Page 5, Line 106 - PTTD, abbreviation is not yet defined in the main article

Page 5, Line 106 - As above, abbreviations should be more consistent MSK & MsCs seem to be used interchangeably

Page 5, Line 109 - "…as it can often be poorly recognised"

Page 5, Line 110 - it is not clear what is meant by 'other' populations. Is this 'younger' populations, 'male' populations, 'athletic' populations?? This sentence would benefit from more detail.

Line 116 - 118 - This sentence is not clear. Maybe "The Johnson and Strom classification is widely referred to in clinical practice and literature, despite a lack of information on its validity or reliability".

Line 119 - 121 - Repetitive. It seems like there are multiple sentences ultimately saying the same thing

Line 123 - FO - not yet defined in the main article
I wouldn't classify PTTD as a disease.

"…of these treatments have been extensively…"

PROMS - not yet defined in main article

This sentence is a little long and lacks clarity of expression

I feel you need evidence of the conflicting results - any references?

It is not clear which practitioners are diagnosing and therefore why they need to be referred on. I would assume that, for example, if a Physiotherapist diagnoses the condition, they can implement management themselves?

grammar?, should read "implement early effective management" or "effectively manage PTTD early"

delays in referral for imaging? Or for management? (in line with previous sentence)

This is good, but can you provide more detail as to how or why understanding this lived experience is important?

Methods:

IPA - not yet defined in the main article

Why not use the abbreviation?

"..participant diagnosed with PTTD in aged between 18…"

"..that may affect the peripheral nerves…"

I feel there is insufficient information to make inferences… i.e where were they recruited from? Were they recruited from one place or multiple, by one or multiple practitioners, what sort of place (ie chronic pain unit, emergency, private practice etc.), as this will give us an idea of the type of patients (which may therefore affect their experience) as well as any possible selection bias (i.e. if a chronic pain department).

"Exclusion criteria specified any patient with other diseases conditions that may affect the peripheral nerves, pain perception, foot structure or function, or participants that had incurred foot injury or had surgical procedures and those with language barriers that would prevent them from giving informed consent"

Also this sentence is too long and should be broken up… too many ands/ors
Line 171 - Any surgical procedures? Just foot procedures? Related or unrelated to PTTD?

Line 180 - It is important to provide more clarity regarding on which aspects the participant population was homogenous. Was it sociodemographic characteristics, duration of condition etc. these are all aspects which could have a substantial influence on their experiences and therefore responses.

Line 184 - [table 1] - Considering the condition and possible variation in extent, I feel important data should be included, such as: duration of condition, which stage of PTTD is present as they are all factors I feel will substantially impact on their QOL, Pain and therefore experience.

You may also consider what services they have accessed? Again, this will have a big impact on their experience. I.e. Have they just seen a GP prior to coming in to the study, or the whole gamut of Physio/Podiatry/ Orthopaedic etc.

Line 198 - Remove '…which superseded the Data Protection Act, 1998' as this is superfluous.

I am not overtly familiar with IPA, but am aware that in other forms of qualitative research it is important to provide detail of the interviewer/ person undertaking data analysis as this will in itself impact on interpretation of the data as their experiences and other factors will also influence interpretation of the data (see references below). This should be considered.

Analysis - in the same vein as above, dependability in qualitative research can be assured by analysis by more than one researcher independently, and then bringing this together to elicit the themes etc. (see references below)


Line 204 - Why only some of the questions?? Only three are listed, which is not many, why can't they all be listed?

Results and Discussion:

Line 231 - Swap between 'Super-ordinate' and 'Superordinate' throughout the paper. This should be consistent. Use of the hyphen should also be consistent with Subordinate or Sub-ordinate.

Line 235 - I am not familiar with the term 'Increased workload of health'. How is this different to treatment burden? This may need to be defined.
Line 235 - Table 2 - As themes it assumes there are more than one participant reporting such…it would be good to have an idea of how commonly this was reported. I realise that this may not sit specifically with the IPA methods, but would provide greater credibility. Please consider this.

Line 263 - I am not convinced this sufficient evidence to warrant the statement that 'referrals are not often made...' Maybe use another reference, or use language such as 'there are reported incidents where patients are not referred or delays…'

Line 268 - 270 - I feel that this is biased reporting. There is a definite selection bias if you are selecting participants only from a podiatry practice, as a podiatrist and asking for voluntary participation. This needs to be acknowledged, particularly when making statement suggesting that Podiatrists provide more effective management.

Line 289 - 293 - I worry that this is quite a broad sweeping statement and that the evidence of five participants, selectively recruited to a study, is insufficient evidence in itself to warrant a review of GP referral practices and I would be careful about making such statements.

Line 297 - 298 - This sentence structure can be revised for clarity

Line 299 - 302 - This excerpt is confusing. Is there a better example you can use?

Line 314 - 315 - Carried on doing what, with work? With life? With certain tasks? This can provide more explanation to improve the description.

Line 329 - Line 331 - I feel this is repeated from previous paragraphs

Line 340 - And/or

Line 349 - fatigue with respect

Line 349 - I am not clear how orthoses use leads to treatment fatigue, I would have thought compared to undertaking exercises etc. this would provide less treatment burden.

Line 349 - 350 - This would benefit from better explanation and detail - what psychological consequences, can you be more specific?

Line 351 - 'affect'

Line 351 - 353 - I am not clear how the management of this condition compared to another (for example achilles tendinopathy) and therefore cause greater treatment burden, making it harder to treat? This concept may need to be better explained or teased out.

Line 355 - 361 - I feel like this is unfairly focussing on physiotherapy as a profession rather than exercises as a treatment option. The patient discourse is more specifically with the exercises he or she was undertaking, which could have been just as easily prescribed by a podiatrist. I would consider re-wording this to focus on the treatment/intervention rather than the therapist.
Line 420 - 425 - This could also potentially lead in to an interesting discussion about Nocebo language and the use of imaging. The effect this has on patients' problems. Sorry, just thought I would add this as a thought.

Line 456 - remove the extra 'u'

Line 557 - The concept of 'self-validation' may need to be better explained

Line 564 - This needs a reference.

Line 564 - 'beneficial outcome in terms of recovery'

Line 585 - 'present in within'

References:

Some journals are abbreviated and some are in full

The author listing is not consistent with Vancouver (Journal recommendations). I.e. yours are written with surname abbreviation and then abbreviation surname. Some have et al. (reference 5 and 8) whilst others are in full.

Reference 33 needs to be fixed.

Once again thank you for your article.

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Please indicate how interesting you found the manuscript:

An article whose findings are important to those with closely related research interests

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Please indicate the quality of language in the manuscript:

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